

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE: : CHAPTER 13  
ALYCE LENTZ :  
DEBTOR : NO. 1-16-bk-01411 mdf

**DEBTOR'S AMENDED SCHEDULE I**

The Debtor(s) in the above-captioned case hereby amends schedule L (correcting income) by substituting the attached schedule for the schedule originally filed, pursuant to Fed. R. Bankr. P. 1009.

Dated: 1/18/17

By:

~~Michael S. Travis~~

ID No. 77399

3904 Trindle Road

Camp Hill, PA 17011

(717) 731-9502

mtravislaw@comcast.net

Attorney for Debtor

Fill in this information to identify your case:

Debtor 1	<b>Alyce</b> First Name	<b>Jo</b> Middle Name	<b>Lentz</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DIST. OF PENNSYLVANIA</b>			
Case number (if known)	<b>16-01411</b>		

Check if this is:

An amended filing

A supplement showing postpetition  
chapter 13 income as of the following date:

12/31/2014

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Realtor</b>	
Employer's name	<b>Broker's REalty</b>	
Employer's address	Number Street	Number Street
	_____	_____
	_____	_____
	_____	_____
City	State Zip Code	City
	_____	State Zip Code

How long employed there? \_\_\_\_\_

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. _____ \$0.00	_____
3. Estimate and list monthly overtime pay.	3. + _____ \$0.00	_____
4. Calculate gross income. Add line 2 + line 3.	4. _____ \$0.00	_____

Debtor 1 Alyce Jo LentzCase number (if known) 16-01411

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here .....	4. <u>\$0.00</u>	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$0.00</u>	
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	
5e. Insurance	5e. <u>\$0.00</u>	
5f. Domestic support obligations	5f. <u>\$0.00</u>	
5g. Union dues	5g. <u>\$0.00</u>	
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$0.00</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$0.00</u>	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$2,342.67</u>	
8b. Interest and dividends	8b. <u>\$0.00</u>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	
8d. Unemployment compensation	8d. <u>\$0.00</u>	
8e. Social Security	8e. <u>\$1,097.00</u>	
8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: _____	8f. <u>\$0.00</u>	
8g. Pension or retirement income	8g. <u>\$0.00</u>	
8h. Other monthly income. Specify: _____	8h. + <u>\$0.00</u>	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$3,439.67</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$3,439.67</u>	+ _____ = <u>\$3,439.67</u>
11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify: _____		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	11. + <u>\$0.00</u>	12. <u>\$3,439.67</u>
13. Do you expect an increase or decrease within the year after you file this form?	Combined monthly income	
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Debtor has been unable to work full sch due to illness expects to earn more going forward, also began receiving \$1,097 disability beginning of 2016		

Debtor 1 Alyce Jo Lentz

Case number (if known) 16-01411

8a. Attached Statement (Debtor 1)

**Brokers Realty**

<b>Gross Monthly Income:</b>		<u><b>\$2,385.74</b></u>
<u>Expense</u>	<u>Category</u>	<u>Amount</u>
monthly exp 6 mo avg	Utilities and fees	<u>\$43.07</u>
<b>Total Monthly Expenses</b>		<u><b>\$43.07</b></u>
<b>Net Monthly Income:</b>		<u><b>\$2,342.67</b></u>

<u>Lentz, Alyce J</u>	\$100.00	10/11/2016	10/12/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$135.00	10/26/2016	10/27/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$870.00	10/26/2016	10/27/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$45.00	11/1/2016	11/2/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$1,020.00	11/9/2016	11/10/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$108.00	11/14/2016	11/15/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$572.25	11/15/2016	11/16/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$2,160.00	11/22/2016	11/23/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$1,260.00	1/5/2017	1/6/2017	Individual	One-Time	Sent

#####

\$ 19,921.70      YEAR  
TO DATE

<u>Lentz, Alyce J</u>	\$180.00	4/15/2016	4/18/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$225.00	4/18/2016	4/19/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$45.00	4/18/2016	4/19/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$70.00	4/25/2016	4/26/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$1,800.00	4/25/2016	4/26/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$45.00	5/2/2016	5/3/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$45.00	6/16/2016	6/17/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$846.00	6/28/2016	6/29/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$1,091.25	6/30/2016	7/1/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$1,875.00	7/5/2016	7/6/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$1,428.35	7/8/2016	7/11/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$1,428.35	7/11/2016	7/12/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$45.00	7/25/2016	7/26/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$700.00	7/27/2016	7/28/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$45.00	8/1/2016	8/2/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$2,289.00	8/4/2016	8/5/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$58.50	8/16/2016	8/17/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$500.00	8/24/2016	8/25/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$45.00	9/6/2016	9/7/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$700.00	9/19/2016	9/20/2016	Individual	One-Time	Sent
<u>Lentz, Alyce J</u>	\$100.00	10/11/2016	10/12/2016	Individual	One-Time	Deleted
<u>Lentz, Alyce J</u>	\$90.00	10/11/2016	10/12/2016	Individual	One-Time	Sent

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ALYCE LENTZ :  
DEBTOR : NO. 1-16-bk-01411 mdf

### Debtor(s) Verification

I declare under penalty of perjury that I have read the attached amended schedule(s) and they are true and correct to the best of my knowledge, information and belief.

Date: 1/16/17

  
Alyce Lentz, Debtor

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE: : CHAPTER 13

ALYCE LENTZ : :

DEBTOR : NO. 1-16-bk-01411 mdf

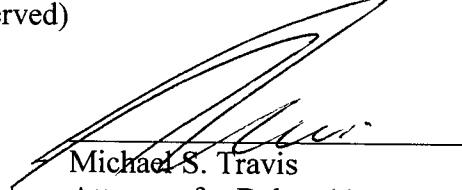
Certificate of Service Amended Schedule I

I, Michael S. Travis, attorney for the Debtor(s), hereby certify that a copy of the foregoing amendment of the Debtor(s) has this day been served upon the trustee in this case and affected creditor(s) and persons listed as follows by first-class mail or the means specified.

Charles J. DeHart, III, Esquire  
Standing Chapter 13 Trustee  
(electronically served)

United States Trustee  
(electronically served)

Alyce Lentz  
(electronically served)



Michael S. Travis  
Attorney for Debtor(s)  
3904 Trindle Road  
Camp Hill, PA 17011  
(717) 731-9509

Date: 1/18/17